

Live Entertainment Tax Report

Maximum Occupancy/Seating of At Least 7500

This report, together with your remittance payable to the order of the NEVADA GAMING COMMISSION, is required to be filed MONTHLY, NOT LATER THAN THE 15th DAY OF THE MONTH, covering the preceding calendar month.

For Operations During the Month of: _____

Filing Deadline: _____

Account No., Name, Address, Zip Code

For Office Use Only

Account No.: _____ Legal Name: _____ Trade Name: _____ Address: _____ City, State, Zip: _____ _____ Please correct if in error	Check Number: _____ Batch Number: _____ Entry Date: _____
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THIS REPORT IS REQUIRED FOR THOSE LOCATIONS OFFERING LIVE ENTERTAINMENT IN A FACILITY WITH A MAXIMUM OCCUPANCY/SEATING OF AT LEAST 7500.

Line 1. TAXABLE SALES

[IN FACILITIES WITH MAXIMUM OCCUPANCY/SEATING OF AT LEAST 7500] NOTE: TAXABLE SALES FOR PURPOSE OF LET ARE NET OF SALES TAXES

\$ _____

Line 2. LIVE ENTERTAINMENT TAX COMPUTATION

[Amount on Line 1 times 5%]

Line 3. PENALTY FOR LATE PAYMENT: NRS 463.270(5)

Enter number of days _____

A. Less than 10 days late: 25% of the amount due on Line 2, but not less than \$50.00 and not more than \$1000.00. _____

B. Ten or more days late: 25% of the amount due on Line 2, but not less than \$50.00 and not more than \$5000.00 _____

PENALTY DUE [Line 3A or Line 3B] _____

Line 4. TOTAL AMOUNT DUE: [Line 2 + Line 3]

\$ _____

Line 5. TOTAL REMITTANCE

Check Number: _____

\$ _____

Please make remittance payable to: NEVADA GAMING COMMISSION

Return to the State Gaming Control Board, PO Box 8004, Carson City, NV 89702-8004.

Pursuant to NRS 353.1467, payments made to the State, in the aggregate, that amount to \$10,000.00 or more must be sent electronically.

I, _____ certify and declare under the penalties of perjury that I am the

_____ of the business named above; that this is a true, correct and complete report

(Owner, Partner, President, Treasurer, Other-describe)

to the best of my knowledge, information, and belief; and that this application and report is made with the knowledge and consent of all other individuals licensed.

Dated _____ Signed _____

Person to contact regarding this report: Name: _____ Phone: _____

RETURN ORIGINAL AND MAKE DUPLICATE FOR YOUR RECORDS